

Follow-Up Items from February 11, 2021, SAC Webinar

Director's Update

1. *Anne Donnelly, San Francisco AIDS Foundation:* My comment is to encourage DHCS to partner with the Department of Public Health on disparities work. My question is whether there is any progress or update on gathering COVID-19 data related to sexual orientation and gender identity.

DHCS Response: *Jacey Cooper, DHCS:* We will get back to you.

DHCS Follow-Up: DHCS only collects Sexual Orientation Gender Identity (SOGI) information on the CalHEERS application. There is not sufficient data collection to report on these categories. We are also working to incorporate the SOGI questions into the Medi-Cal application, which will require federal approval. We will continue to engage with stakeholders on this effort and future efforts around reporting.

Medi-Cal Enrollment Update

2. *Kristen Golden Testa, The Children's Partnership/100% Campaign:* Can you review the pie charts for the total number of kids on slide #45? It would be helpful to see the total new enrollment for children. Is it possible to get that before our meeting?

DHCS Response: *Rene Mollow, DHCS:* We will follow up with you and work on a different way to display the data for the next posting on the website, and let you know when it is available.

DHCS Follow-Up: DHCS recently [posted](#) the "Medi-Cal Enrollment update" presentation. DHCS is updating the "age breakout for children" slides for new enrollments, re-enrolled, and re-enrollment churn. These new slides should be posted in May on the DHCS [website](#).

3. *Kristen Golden Testa, The Children's Partnership/100% Campaign:* From the numbers here, it looks as if total

enrollment for children has not increased as much as the general Medicaid population, and that is concerning.

DHCS Follow-Up: According to DHCS' latest eligibility data pull, the April 2019 through March 2020 period indicates 42.9% children's total enrollment, in comparison with 41.8% in the April 2020 through March 2021 period.

Status of DHCS Telehealth Policies

4. *Al Senella, California Association of Alcohol and Drug Program Executives/Tarzana Treatment Centers:* What is the rationale for not including payment parity for telephonic visits?

DHCS Follow-Up: DHCS believes the approach we have taken is both reasonable and balanced in terms of promoting appropriate standards of care, access to quality health care services and helping to ensure equity in availability of modalities across the delivery systems. We do so while maintaining beneficiary choice, preserving provider flexibility, and protecting the integrity (from both a fiscal and quality perspective) of the Medi-Cal program. As it relates to the use of audio-only services, for purposes of our FQHC/RHC clinic providers, we are required to pay for covered services at the Prospective Payment System (PPS) rate if the service is otherwise covered under our State Plan. We are engaging with our clinic partners to look at options for the development of an Alternative Payment Methodology (APM) whereby the telehealth modalities not otherwise extended to them, such as the audio-only visits, could be included. The APM would be subject to federal review and approval.